

**DO NOT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.**  
**ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA.**  
**ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.**

(SPACE BELOW RESERVED FOR ASRS Date/Time Stamp)

**IDENTIFICATION STRIP:** Please fill in all blanks to ensure return strip.  
**NO RECORD WILL BE KEPT OF YOUR IDENTITY.** This section will be returned to you.

**TELEPHONE NUMBERS** where we may reach you for further details of this occurrence

**HOME** Area \_\_\_\_\_ No. \_\_\_\_\_ Hours \_\_\_\_\_

**WORK** Area \_\_\_\_\_ No. \_\_\_\_\_ Hours \_\_\_\_\_

**Name** \_\_\_\_\_

**TYPE OF EVENT/SITUATION** \_\_\_\_\_

**ADDRESS/PO BOX** \_\_\_\_\_

**DATE OF OCCURRENCE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**LOCAL TIME (24 hr. clock)** \_\_\_\_\_

**PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION**

REPORTER		EXPERIENCE	
<input type="checkbox"/> Flight Attendant (FA) <input type="checkbox"/> FA in charge <input type="checkbox"/> Extra FA <input type="checkbox"/> Other _____	<input type="checkbox"/> Trainee <input type="checkbox"/> Off-Duty FA	Total years as Flight Attendant _____ Total years as FA with your current airline _____ Number of aircraft types currently qualified to work on _____ Percent of duty time in past year on aircraft type involved _____	
FLIGHT INFORMATION			
<b>Type of Aircraft</b>	Make/Model _____ Number of seats _____ Number of pax onboard _____ Number in cabin crew _____ Number of exits: floor level _____ window _____ tailcone _____		
<b>Flight Segment</b>	flight origin _____ destination _____ departure time _____ time since takeoff _____ hrs/mins nearest city/state (if known) _____		
<b>Cabin Activity (check all that apply)</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> boarding</div> <div style="width: 50%;"><input type="checkbox"/> beverage service</div> <div style="width: 50%;"><input type="checkbox"/> cart service</div> <div style="width: 50%;"><input type="checkbox"/> movie</div> <div style="width: 50%;"><input type="checkbox"/> deplaning</div> <div style="width: 50%;"><input type="checkbox"/> meal service</div> <div style="width: 50%;"><input type="checkbox"/> tray service</div> <div style="width: 50%;"><input type="checkbox"/> other _____</div> <div style="width: 100%;"><input type="checkbox"/> safety related duties, specify _____</div> </div>		
OPERATOR	FLIGHT PHASE	WEATHER	LIGHTING
<input type="checkbox"/> air carrier <input type="checkbox"/> commuter <input type="checkbox"/> corporate <input type="checkbox"/> charter <input type="checkbox"/> other _____	<input type="checkbox"/> predeparture <input type="checkbox"/> taxi <input type="checkbox"/> takeoff <input type="checkbox"/> climb <input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> approach <input type="checkbox"/> landing <input type="checkbox"/> gate arrival <input type="checkbox"/> other _____	<input type="checkbox"/> clear <input type="checkbox"/> rain <input type="checkbox"/> turbulence <input type="checkbox"/> thunderstorms <input type="checkbox"/> unknown <input type="checkbox"/> cloudy <input type="checkbox"/> fog <input type="checkbox"/> snow <input type="checkbox"/> ice	<div style="display: flex;"> <div style="width: 50%;"> <b>CABIN</b>  <input type="checkbox"/> bright  <input type="checkbox"/> medium  <input type="checkbox"/> dark </div> <div style="width: 50%;"> <b>OUTSIDE</b>  <input type="checkbox"/> daylight  <input type="checkbox"/> night </div> </div>
EVENT CHARACTERISTICS			
Reporter's location in aircraft at time of event _____ Reporter's activity at time of event _____			
Was a passenger directly involved in the event? <div style="text-align: right;"> <input type="checkbox"/> yes    <input type="checkbox"/> no </div>		Was fire/smoke involved in the event? <div style="text-align: right;"> <input type="checkbox"/> yes    <input type="checkbox"/> no </div>	
Did the event result in an injury to a passenger? <div style="text-align: right;"> <input type="checkbox"/> yes    <input type="checkbox"/> no </div>		Was there an evacuation during or as a result of this event? <div style="text-align: right;"> <input type="checkbox"/> yes    <input type="checkbox"/> no </div>	

## NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

NASA has established an Aviation Safety Reporting System (ASRS) to identify issues in the aviation system which need to be addressed. The program of which this system is a part is described in detail in FAA Advisory Circular 00-46D and FAA Handbook 7210.3. Your assistance in informing us about such issues is essential to the success of the program. Please fill out this postage free form as completely as possible, fold it, and send it directly to us.

The information you provide on the identity strip will be used only if NASA determines that it is necessary to contact you for further information. THIS IDENTITY STRIP WILL BE RETURNED DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

**NOTE:** AIRCRAFT ACCIDENTS SHOULD NOT BE REPORTED ON THIS FORM. SUCH EVENTS SHOULD BE FILED WITH THE NATIONAL TRANSPORTATION SAFETY BOARD AS REQUIRED BY NTSB Regulation 830.5 (49CFR830.5).

## AVIATION SAFETY REPORTING SYSTEM

Section 91.25 of the Federal Aviation Regulations (14 CFR 91.25) prohibits reports filed with NASA from being used for FAA enforcement purposes. This report will not be made available to the FAA for civil penalty or certificate actions for violations of the Federal Air Regulations. Your identity strip, stamped by NASA, is proof you submitted a report to the Aviation Safety Reporting System. We can only return the strip to you, however, if you have provided a mailing address. Equally important, we can often obtain additional useful information if our safety analyst can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you.

**Thank you for your contribution to aviation safety.**

Please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:



**NASA AVIATION SAFETY REPORTING SYSTEM**  
**POST OFFICE BOX 189**  
**MOFFETT FIELD, CALIFORNIA 94035-0189**

### DESCRIBE EVENT/SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you might think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. (USE ADDITIONAL PAPER IF NEEDED)

#### CHAIN OF EVENTS

- How the problem arose
- Contributing factors
- How it was discovered
- Corrective actions

#### Page 2 of 2

#### HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Factors affecting the quality of human performance
- Actions or inactions

**DESCRIBE EVENT/SITUATION, continued...**

**CHAIN OF EVENTS**

- How the problem arose
- Contributing factors
- How it was discovered
- Corrective actions

**Extra page**

**HUMAN PERFORMANCE CONSIDERATIONS**

- Perceptions, judgments, decisions
- Factors affecting the quality of human performance
- Actions or inactions